

Responsibility for accomplishing the goals set forth in this plan belongs to no one organization or entity. Rather, the Wisconsin community will achieve these objectives by working collaboratively and strategically, sharing skill sets, and relying on the strength of interdisciplinary partnerships for reducing the burden of arthritis.

To join in the efforts or for complete copies of the *Arthritis in Wisconsin* and *Wisconsin Arthritis Action Plan 2003-2008* contact any of the partnering organizations listed below.

Arthritis Foundation,  
Wisconsin Chapter  
1650 S. 108 Street  
West Allis, WI 53214  
800-242-9945  
414-329-4603  
[www.arthritis.org](http://www.arthritis.org)

Milwaukee Area Health Education Center  
611 W. National Avenue, Room 316  
Milwaukee, WI 53204  
414-384-8575  
[www.milahec.org](http://www.milahec.org)

Wisconsin Department of  
Health and Family Services  
Division of Public Health  
Bureau of Community  
Health Promotion  
Arthritis Program  
PO Box 2659  
Madison, WI 53701-2659

608-266-3483  
<http://dhfs.wisconsin.gov/health/arthritis>

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# Wisconsin: Arthritis Facts and Strategies



## Partnering to reduce the burden



## Summary of the Wisconsin Arthritis Action Plan 2003-2008 and Arthritis Facts

## The Burden of Arthritis in Wisconsin

Arthritis has become one of the most challenging and pressing public health problems due to the aging population and the dramatic increase in overweight and obesity. It is a leading cause of disability and functional limitation trailing only heart disease as the leading cause of work disability. "Arthritis" generally refers to over a hundred diseases and conditions affecting the joints, surrounding and connective tissues that cause pain, stiffness, and swelling. These diseases and conditions include osteoarthritis, rheumatoid arthritis, lupus, juvenile rheumatoid arthritis, gout, fibromyalgia, bursitis, and rheumatic fever.

### Arthritis Risk Factors

#### Modifiable

- Obesity
- Muscle Weakness
- Intense and Traumatic Physical Activity
- Sports or Occupational Malformation
- Poor Joint Biomechanics

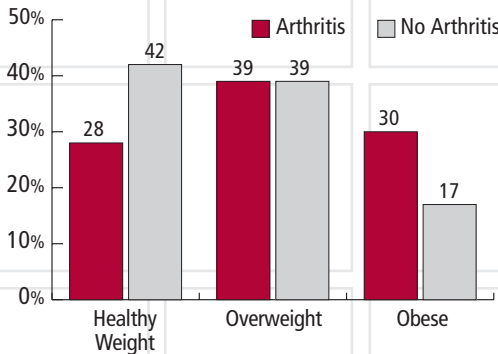
#### Non-Modifiable

- Age
- Gender
- Genetic Predisposition
- Congenital Injuries

- In Wisconsin, 27% of adults, about 1.1 million have doctor-diagnosed arthritis.
- The prevalence of arthritis increases with age as 54% of adults over 65 years of age have arthritis as compared to 34% in the age group of 45-64 years and 13% of those 18-44 years.
- More women (30%) than men (23%) have arthritis.
- Twenty-one percent of persons with arthritis are working age (18-64 years).
- Adults with arthritis are more likely to be obese.
- Forty-nine percent of adults with arthritis meet recommended physical activity levels.
- Persons with arthritis are three times more likely to report fair or poor health as compared to persons without arthritis.

\* Note: In 2004 the Centers for Disease Control and Prevention (CDC) revised its definition of arthritis. The current definition of a person with arthritis includes only those who have received a doctor-diagnosis of arthritis. All others are labeled as "possible arthritis." In the past, persons with self-reported chronic joint symptoms were included in the definition of arthritis, along with those who had doctor-diagnosed arthritis.

Weight status among Wisconsin adults with and without arthritis



Source:  
2003 Wisconsin Behavioral Risk Factor Surveillance Survey

# Wisconsin: Arthritis Action Plan



In order to reduce the impact of arthritis on Wisconsin citizens it is imperative to identify and develop programs and policies that promote arthritis self management and increase physical activity and weight loss among its adults. Taking a public health approach to arthritis suggests the following strategies:

## Primary Prevention

*Prevent Arthritis*

- Achieve and maintain a healthy weight.
- Engage in regular, appropriate physical activity.
- Eat a nutritious diet daily, including fruit and vegetable consumption.

## Secondary Prevention

*Identify Arthritis in its earliest stages*

- Early diagnosis, treatment and professional advice helps reduce the impact on day-to-day life.
- Promote activities that inform persons about arthritis and its relationship to weight and physical activity.
- Health professionals should:
  - Promote healthy weight and regular, appropriate physical activity with their patients.
  - Inform patients with arthritis about their diagnosis, help their self management efforts and help maintain control over their illness.

## Strategic Direction One: Surveillance, Epidemiology and Research

Arthritis surveillance is currently limited to existing data sets like the Behavioral Risk Factor Survey (BRFS) which provides information only for adults 18 years and older. Surveillance activities need to answer further questions like arthritis prevalence in Wisconsin children and special populations.

**Goal 1:** Improve and expand surveillance of general and specific types of arthritis in Wisconsin and the distribution of arthritis in various population groups.

**Goal 2:** Facilitate the integration and utilization of the Behavioral Risk Factor Survey and other community-based data for assessing community needs for arthritis management and treatment.

**Goal 3:** Estimate the economic burden of arthritis and arthritis-related conditions in Wisconsin.

**Goal 4:** Evaluate arthritis programs in Wisconsin using standard federal Healthy People 2010 objectives for arthritis and other rheumatic conditions.

**Goal 5:** Identify resources needed and the means to assure sustainable, efficient and effective arthritis surveillance in Wisconsin.

## Strategic Direction Two: Communication and Education

### *I. Public Awareness and Education*

**Goal 1 - General Population:** Increase general knowledge and awareness of arthritis and arthritis prevention in the general population.

**Goal 2 – Youth:** Increase youth arthritis recognition messages. A comprehensive program of injury prevention in schools is key to reducing the prevalence of arthritis.

**Goal 3 – Persons with Arthritis:** Increase the recognition of need for comprehensive examination, diagnosis and follow-up plan of care for persons with chronic joint symptoms.

### *II. Professional Awareness and Education*

**Goal 1:** Offer students in health professions the opportunity to serve as volunteer trainers for the Arthritis Foundation Community Service Programs.

**Goal 2:** Improve means of communicating arthritis messages throughout the professional provider community.

**Goal 3:** Develop arthritis continuing education programs and a system for granting CEUs for health care professionals.

**Goal 4:** Provide in-office patient early awareness, education, and self-management for the prevention and control of arthritis symptoms.

## Strategic Direction Three: Programs, Policies and Systems

**Goal 1:** Assure the implementation and coordination of effective, integrated education, prevention and intervention programs that emphasize programs proven to be effective.

**Goal 2:** Integrate marketing strategies of base programs to increase program utilization.

**Goal 3:** Strengthen collaboration among all community partners to assure the implementation and coordination of effective, integrated prevention and intervention programs.

**Goal 4:** Partner to increase opportunities for physical activity in general, making communities more accessible through walking, biking and other traditional modes of transportation.

**Goal 5:** Assure the implementation of a coordinated effort to increase awareness of arthritis as a public health issue and to support efforts to build state and local interagency alliances to address arthritis.

**Goal 6:** Investigate to assure efficacy of programs and clinical care offered in Wisconsin.

### ARTHRITIS CAN BE RELIEVED BY:

- Physical activity
- Good nutrition
- Early diagnosis and treatment
- Appropriate self-management